Credentialing WAC 388-865-XXXX

The Division of Behavioral Health and Recovery (DBHR) credentials mental health agencies which do not contract with Regional Support Networks. To gain and maintain a credential under this section, an agency must meet applicable local, state and federal statutes and regulations as well as the requirements of WAC 388-865-XXXX through 388-865-XXXX as applicable to services offered. The credential lists service components the agency is authorized to provide to consumers and must be prominently posted in the agency reception area. In addition, the agency must meet minimum standards of the specific service components for which the credential is being sought.

WAC 388-865-XXXX Competency requirements for staff.

The credentialed mental health agency must ensure that staff are qualified for the position they hold and have the education, experience and skills to perform the job requirements. The provider must maintain documentation that:

(1) All staff have a current Washington State Department of Health license or certificate or registration as may be required for their position;

(2) Washington state patrol background checks are conducted for employees in contact with consumers consistent with RCW 43.43.830;

(3) Mental health services are provided by a mental health professional, or under the clinical supervision of a mental health professional;

(4) Staff receive regular supervision and an annual performance evaluation; and

(5) An individualized annual training plan must be implemented for each direct service staff person and supervisor to include, at a minimum, the skills he or she needs for his/her job description, the population served, and the requirements of RCW 71.05.720.

WAC 388-865-XXXX Consumer rights

(1) The credentialed mental health agency must document that consumers, prospective consumers, or legally responsible others are informed of consumer rights at admission to community support services in a manner that is

understandable to the individual. Consumer rights must be written in alternative format for consumers who are blind or deaf.

(2) The agency must post a written statement of consumer rights in public areas, with a copy available to consumers on request.

(3) The agency must develop a statement of consumer rights approved by the Division of Behavioral Health and Recovery that includes the following: "You have the right to:

(a) Be treated with respect, dignity and privacy;

(b) Develop a plan of care and services which meets your unique needs;

(c) Receive the services of a certified language or sign language interpreter and written materials and alternate format to accommodate your disability consistent with Title VI of the Civil Rights Act;

(d) Refuse any proposed treatment, consistent with the requirements in chapters 71.05 and 71.34 RCW;

(e) Receive care which does not discriminate against you, and is sensitive to your gender, race, national origin, language, age, disability, and sexual orientation;

(f) Be free of any sexual exploitation or harassment;

(g) Review your clinical record and be given an opportunity to make amendments or corrections;

(h) Receive an explanation of all medications prescribed, including expected effect and possible side effects;

(i) Have information about you and the services you receive kept confidential, as described in chapters 70.02, 71.05, and 71.34 RCW and regulations;

(j) Have all research concerning you, if your care is publicly funded, be done in accordance with all applicable laws, including DSHS rules on the protection of human research subjects as specified in chapter 388-04 WAC;

(k) Make an advance directive, stating your choices and preferences regarding your physical and mental health treatment if you are unable to make informed decisions;

(l) Appeal any denial, termination, suspension, or reduction of services and to continue to receive services at least until your appeal is heard by a fair hearing judge;

(m) If you are medicaid eligible, receive all services which are medically necessary to meet your care needs. In the event that there is a disagreement, you have the right to a second opinion from:

(i) A provider within the regional support network about what services are medically necessary; or

(ii) For consumers not enrolled in a prepaid health plan, a provider under contract with the mental health division;

(n) Lodge a complaint with the DBHR or your tribe if you believe your rights have been violated. If you lodge a complaint or grievance, you have the right to be free from any act of retaliation; and

(o) Ask for an administrative hearing if you believe that any rule in this chapter was incorrectly applied in your case.**"**

WAC 388-865-XXXX Access to services

The credentialed mental health agency must document and otherwise ensure that eligible consumers have access to age and culturally competent services when and where those services are needed. The provider must:

(1) Identify and reduce barriers to people getting the services where and when they need them;

(2) Comply with the Americans with Disabilities Act and the Washington State Antidiscrimination Act, chapter 49.60 RCW;

(3) Assure that services are timely, appropriate and sensitive to the age, culture, language, gender and physical condition of the consumer;

(4) Provide access to telecommunication devices or services and certified interpreters for deaf or hearing impaired consumers;

(5) Bring services to the consumer or locate services at sites where transportation is available to consumers, or refer to another provider; and

(6) Ensure compliance with all state and federal nondiscrimination laws, rules and plans.

(7) Inform consumers of their right to use the DSHS prehearing and administrative hearing processes as described in chapter 388-02 WAC. Consumers have this right when:

(i) The consumer is a Medicaid recipient;

(ii) The consumer believes there has been a violation of DSHS rule;

(iii) The credentialed community mental health agency did not provide a written response within thirty days from the date a written request was received;

(iv) The department of social and health services, or a provider denies services.

WAC 388-865-XXXX Intake evaluation

(1) All individuals receiving community mental health outpatient services, with the exception of crisis, stabilization, and rehabilitation case management services must have an intake evaluation. The intake evaluation should ensure that the needs of the patient match the scope of services provided by the mental health program staff. The intake evaluation must:

(a) Be provided by a mental health professional;

(b) Be initiated within ten working days from the date on which the individual or their parent or other legal representative requests services and completed within thirty working days of the initiation of the intake;

(c) Be culturally and age relevant;

(d) Document sufficient information to demonstrate medical necessity as defined in the state plan, and must include:

(i) Presenting problem(s) as described by the individual, including a review of any documentation of a mental health condition provided by the individual. It must be inclusive of people who provide active support to the individual, if the individual so requests, or if the individual is under thirteen years of age;

(ii) Current physical health status, including any medications the individual is taking;

(iii) Current substance use and abuse and treatment status (GAIN-SS);

(iv) Sufficient clinical information to justify the provisional diagnosis using diagnostic and statistical manual (DSM IV TR) criteria, or its successor;

(v) Identification if there is a risk of harm to self and others, including suicide/homicide. Note: A referral for provision of emergency/crisis services, consistent with WAC 388-865-0452, must be made if indicated in the risk assessment;

(vi) Whether the consumer is under the supervision of the department of corrections; and

(vii) A recommendation of a course of treatment.

WAC 388-865-XXXX Individual service plan

The credentialed mental health agency must develop a consumer-driven, strength-based individual service plan that meets the individual's unique mental health needs by the third visit in order to provide continuing care. The individual service plan must be developed in collaboration with the individual, and the individual's parent or other legal representative, if the consumer is under the age of 13. The service plan must:

(1) Be initiated with at least one goal identified by the individual;

(2) Address age, cultural, or disability issues identified by the individual, as relevant to treatment;

(3) Include treatment goals or objectives that are measurable and that allow the provider and individual to evaluate progress toward the individual's identified recovery goals;

(4) Be in language and terminology that is understandable to individual and their family;

(5) Identify service modalities, mutually agreed upon by the individual and provider;

(6) Demonstrate the individual's participation in the development of the individual service plan. Participation may be demonstrated by the individual's signature and/or quotes documented in the plan. Participation must include family or significant others as requested by the individual;

(7) Include documentation of coordination with any systems or organizations the individual identifies as being relevant to the individual's treatment. This includes coordination with any individualized family service plan (IFSP) when serving children under three years of age;

(8) If the provider developing the plan is not a mental health professional, the plan must also document approval by a mental health professional; and

(9) Include documentation that the individual service plan was reviewed at least every one hundred eighty days and has been updated to reflect any changes in the individual's treatment needs or as requested by the individual.

WAC 388-865-XXXX Clinical record

The credentialed community mental health agency must maintain a clinical record for each individual served. The clinical record must contain:

(1) An intake evaluation (with the exception of crisis, stabilization, and rehabilitation case management services);

(2) Evidence that the following information was requested and the responses documented:

(a) The name of any current primary medical care provider;

(b) Any current physical health concerns;

(c) Current medications and any related concerns;

(d) History of any substance use/abuse and treatment;

(e) Any disabilities or special needs;

(f) Any previously accessed inpatient or outpatient services

(g) Any medications received to treat a mental health condition;

(h) Any past or current trauma and abuse;

(i) The individual's strengths and resources; and

(j) The individual's self-identified culture.

(3) Documentation of:

(a) The individual service plan and all revisions to the plan;

(b) Any crisis plan that has been developed;

(c) All service encounters;

(d) Objective progress toward established goals as outlined in the individual service plan; and

(e) How any major changes in the individual's circumstances were addressed.

(4) Evidence that the individual, or their parent or other legal representative if applicable, are informed about the benefits and possible side effects of any medications prescribed for the individual in language that is understandable;

(5) Documentation of informed consent to treatment by the individual or parent or other legal representative;

(6) Documentation that the consumer rights statement was provided to the individual, or their parent or other legal representative if applicable;

(7) Documentation that services are provided by or under the clinical supervision of a mental health professional;

(8) Documentation of any clinical consultation or oversight provided by a mental health specialist;

(9) Documentation that the provider requested a copy of and inserted into the clinical record if provided, any of the following:

(a) Mental health advance directives;

(b) Medical advance directives;

(c) Powers of attorney;

(d) Letters of guardianship, parenting plans and/or court order for custody;

(e) Least restrictive alternative order(s); and

(f) Discharge summaries and/or evaluations stemming from outpatient or inpatient mental health services received within the last five years, when available.

(10) Documentation that any mandatory reporting of abuse, neglect, or exploitation consistent with chapters 26.44 and 74.34 RCW has occurred;

(11) Documentation if confidential information that has been released without the consent of the individual under the provisions in RCW 70.02.050, 71.05.390, 71.05.630, and the Health Insurance Portability and Accountability Act (HIPAA).

(12) Documentation that the department of corrections was notified by the provider when an individual on a less restrictive alternative or department of corrections order for mental health treatment informs the provider that the individual is under supervision by the department of corrections. Notification can be either written or oral. If oral notification, it must be confirmed by a written notice, including e-mail and fax. The disclosure to department of corrections does not require the person's consent, unless the individual has been given relief from disclosure by

the committing court. The individual must provide a copy of the court order providing relief to the treating community mental health agency (CMHA).

(13) If the mental health provider becomes aware of a violation concerning public safety by consumer under DOC supervision, or a less restrictive alternative, there must be documentation that an evaluation by a designated mental health professional (DMHP) was requested.

WAC 388-865- XXXX Critical incidents

(1) The credentialed community mental health agency must maintain policies and procedures regarding incident reporting consistent with all applicable state and federal laws. The policy must address the agency's oversight and review of these incidents.

(2) The agency must notify DBHR within one (1) working day of becoming aware of any of the following events:

(a) Death, serious injury, or sexual assault of a consumer, staff member, or citizen on the agency's premises;

(b) Abuse or neglect of a consumer by another consumer or agency staff member or volunteer;

(c) A natural disaster presenting a threat to agency operation or consumer safety;

(d) A bomb threat, a break in, or theft of consumer identifying information;

(e) Any violent act to include rape or sexual assault, as defined in RCW 71.05.020 and RCW 9.94A.030 or any homicide or attempted homicide committed by a consumer or staff member;

(f) An error in program administered medication at an agency that results in adverse effects requiring medical intervention;

(g) Events involving a consumer or staff member that are likely to attract media attention; and

(3) Initial notification and any follow up must be provided to DBHR using DBHR's electronic incident reporting system. If the electronic incident reporting system is unavailable for use, a standardized form shall be provided with instruction on how to submit.

(4) Upon request, the agency must provide DBHR additional information regarding efforts designed to prevent or lessen the possibility of future similar incidents.

(5) The agency must notify DBHR within one (1) working day of any incident that was referred to the Medicaid Fraud Control Unit.

(6) The agency shall document notification of the following agencies or any other when required by law:

(a) Adult Protective Services;

(b) Child Protective Services;

(c) Department of Health;

(d) Local Law Enforcement; and

(e) Washington State Patrol.

WAC 388-865- XXXX Consumer complaints and grievances

The credentialed community mental health agency must develop a process for reviewing consumer complaints and grievances. A complaint is defined as a verbal statement of dissatisfaction with some aspect of mental health services. A grievance is a written request that a complaint be heard and adjudicated, usually undertaken after attempted resolution of a complaint fails. The process must be submitted to the Division of Behavioral Health and Recovery. The process must:

(1) Be age, culturally and linguistically competent;

(2) Ensure acknowledgment of receipt of the grievance the following working day. This acknowledgment may be by telephone, with written acknowledgment mailed within five working days;

(3) Ensure that grievances are investigated and resolved within thirty days. This time frame can be extended by mutual written agreement, not to exceed ninety days;

(4) Be made available to all consumers and advocates in language that is clear and understandable to the individual;

(5) Encourage resolution of complaints at the lowest level possible;

(6) Include a formal process for dispute resolution;

(7) Allow the participation of other people, at the grievant's choice;

(8) Ensure that grievances are resolved even if the consumer is no longer receiving services;

(9) Ensure that mental health services continue to be provided to the grievant during the grievance and fair hearing process;

(10) Ensure that full records of all grievances are kept for five years after the completion of the grievance process in confidential files separate from the grievant's clinical record. These records must not be disclosed without the consumer's written permission, except as necessary to resolve the grievance or to DSHS if a fair hearing is requested;

(11) Provide for follow-up to assure that there is no retaliation against consumers who have filed a grievance; and

(12) Ensure that consumers are informed of their right to file an administrative hearing with DSHS without first accessing the agency's grievance process if the consumer is a Medicaid recipient.